

MISSOURI DEAFBLIND TECHNICAL ASSISTANCE PROJECT

Professional Training Course: HAND IN HAND *UNDERSTANDING DEAFBLINDNESS FOR EDUCATION TEAMS* *SERVING STUDENTS WHO ARE DEAFBLIND*

TEAM REGISTRATION FORM

Please complete this registration form - one per team - and forward it to:

Susan Bonner; Missouri School for the Blind; 3815 Magnolia Ave; St Louis, Missouri 63110; (314) 776-4320 Ext: 3255; Fax: (314) 773-3762, susan.bonner@msb.dese.mo.gov

Registration is due by: **Friday, October 10, 2014**

We understand that participation requires a great deal of effort from each individual team member. We are also convinced that your team sees this training as a great benefit to your student and your school. To help ensure that your team's participation is supported by your administrator, please have the administrator sign this form and list all of your team's participants.

By completing and returning this form, your team is agreeing to complete all the requirements of the Hand In Hand course. The course requirements are:

1. Reading all assigned chapters in the course text: *Understanding Deafblindness*
 2. Attending *all three* onsite sessions at Holiday Inn. 2720 North Glenstone, Springfield, Missouri 65803 on the following dates: October 22-24, 2014; January 27-28, 2015; and April 21-22, 2015. **Confirmation letter will provide you exact address and location.**
 3. Completing the three course assignments
 4. Developing and implementing action plans
 5. Meeting regularly with the Hand In Hand mentor assigned to your team to assist in the implementation of action plans and the application of the knowledge acquired in this course to the student you serve.
- NOTE: Mentoring format will be flexible to meet the needs of the team such as: observing team members working with student and providing feedback, reviewing with team members after school – in person and/or by phone – the progress in the implementation of action plan activities, and so on.

Please arrange your schedules to be free from interruption while attending the three onsite sessions.

IMPORTANT REMINDERS:

The team's Team Registration forms along with a signed Release of Information form for the team's student must accompany this form in order for your team's registration to be processed. Please complete all forms.

OVER (This form continues on other side)

TEAM REGISTRATION FORM

Name and age of the student with deafblindness served by this team: _____

Is this student reported on the Federal Deafblind Census through the Missouri Deafblind Technical Assistance Project? YES NO

If "NO" or if you are unsure, please contact Susan Bonner: (314) 776-4320 x 3255.

Administrator's approval signature and date: _____

Name of School/Program & Location: _____

Team members' printed names, role on the team and email address:

1. _____

2. _____

3. _____

4. _____

5. _____

School and Program Name: _____

School/Program Address: _____

Daytime phone number: _____ Fax: _____ Email: _____

Does anyone on the team need access accommodations? YES NO

If "YES", please indicate needed accommodations:

_____ Interpreter, *please circle type needed*:

ASL ASL/Tactile Transliteration Transliteration/Tactile Oral

_____ Braille materials (*Please see **Ordering Understanding Deafblindness Materials and Course Accessibility** in the registration materials.*)

_____ Large Print (*Please see **Ordering Understanding Deafblindness Materials and Course Accessibility** in the registration materials.*)

_____ Other, *please describe*: _____
